

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/518783											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
		<input checked="" type="checkbox"/> Filing	1	12/20/04	\$ 100						
		<input type="checkbox"/> Amendment			\$						
		<input type="checkbox"/> Extension of Time			\$						
		<input type="checkbox"/> Notice of Appeal/Appeal			\$						
		<input type="checkbox"/> Petition			\$						
		<input type="checkbox"/> Issue			\$						
		<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$						
		<input type="checkbox"/> Maintenance			\$						
		<input type="checkbox"/> Assignment			\$						
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 100							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
10 REASON:		9									
<input checked="" type="checkbox"/> Overpayment		<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">5</td> </tr> </table>			1	2	--	1	0	9	5
1	2				--	1	0	9	5		
<input type="checkbox"/> Duplicate Payment											
<input type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>									
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>									
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: